PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUL -1 AM 2:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000003168

1. Corporation Name
eRoomSystem Technologies, Inc.

1072 Madison Avenue
1072 Madison Avenue

REINSTATEMENT 03-04

2. Principal Office Address	3. Mailing Office Address
1072 Madison Avenue	1072 Madison Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lakewood, NJ	City & State: Lakewood, NJ
Zip: 08701 Country:	Zip: 08701 Country:

4. Date Incorporated or Qualified To Do Business in Florida 6/5/2000

5. FEI Number 87-0540713 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: National Registered Agents, Inc.

Street Address (P.O. Box Number is Not Acceptable): 526 East Park Avenue

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32301

400037994438
06/16/04--01006--021 **100.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: by: Lisa Reeves, Asst Sec Date: 6/23/2004
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	David Gestetner	1072 Madison Avenue	Lakewood, NJ 08701
D	Herbert Hardt	1072 Madison Avenue	Lakewood, NJ 08701
D	James Savas	1072 Madison Avenue	Lakewood, NJ 08701
D	Lawrence K. Wein	1072 Madison Avenue	Lakewood, NJ 08701

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #